



County of San Diego, Planning & Development Services  
**DISCRETIONARY PERMIT APPLICATION**  
**ZONING DIVISION**

RECORD ID(S):

	Planning	LD Review Teams	DEH	Trails Review	Other
<b>Fees</b>	_____ +	_____ +	_____ +	_____ +	_____
<b>Deposits</b>	_____ +	_____ +	_____ +	_____ +	_____

**TOTAL FEES AND INITIAL DEPOSIT: \$** \_\_\_\_\_

The submitted Initial Deposit is estimated to cover **only** the initial project review (Scoping). Additional monies will be required. A project-specific cost estimate will be provided at the conclusion of Scoping, along with a letter detailing any project issues, revisions, and studies as deemed necessary for compliance with State and County codes and ordinances.

Have you had a pre-application conference? **YES** ☐ **NO** ☐ If yes, Planner's Name \_\_\_\_\_

Is this project the subject of a code violation? **YES** ☐ **NO** ☐ If yes, provide a copy of the Warning/Citation/Violation Notice.

Are there any related, open applications such as DEH permits, Grading permits, etc? **YES** ☐ **NO** ☐

If yes, list permits: \_\_\_\_\_

Is there an existing trust account on any of the open records related to this proposed project? **YES** ☐ **NO** ☐

Are there any prior related cases such as a specific plan? If yes, list Case Number(s) \_\_\_\_\_

**The Financially Responsible Party is responsible for all costs related to this application.** See form PDS-126 and choose one.

**The Financially Responsible Party is the:** Owner ☐ Applicant ☐ Engineer ☐ Other ☐

Assessor's Parcel No (APN) \_\_\_\_\_

**Owner's Name** \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_  
Number Street City State Zip

Owner's email \_\_\_\_\_ Owner's Fax \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_ Applicant's Phone \_\_\_\_\_  
(If different from owner)

Applicant's Address \_\_\_\_\_  
Number Street City State Zip

Applicant's email \_\_\_\_\_ Applicant's Fax \_\_\_\_\_

**Engineer's Name** \_\_\_\_\_ Engineer's Phone \_\_\_\_\_

Engineer's Address \_\_\_\_\_  
Number Street City State Zip

Engineer's email \_\_\_\_\_ Engineer's Fax \_\_\_\_\_

**Project Contact Person** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip

Project Contact's email \_\_\_\_\_ Project Contact's Fax \_\_\_\_\_

Project Name \_\_\_\_\_

Project Address & Nearest Cross Street \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

**NOTE: If Agent signs below, attach Letter of Authorization.**

\_\_\_\_\_  
Signature of Owner or Authorized Agent

\_\_\_\_\_  
Print Signator's Name

\_\_\_\_\_  
Date

-- OFFICIAL USE ONLY --



## FOR DEPARTMENT USE ONLY

General Plan Designation      Existing      Proposed      \_\_\_\_\_

Regional Category      \_\_\_\_\_

### For Administrative Permits and Use Permits

Describe use:

\_\_\_\_\_

\_\_\_\_\_

ZONE		
USE REGULATIONS		
ANIMAL REGULATIONS		
<b>DEVELOPMENT REGULATIONS</b>	Density	
	Lot Size	
	Building Type	
	Maximum Floor Area	
	Floor Area Ratio	
	Height	
	Lot Coverage	
	Setback	
Open Space		
SPECIAL AREA REGULATIONS		

Thomas Guide (Page / Grid) \_\_\_\_\_

Tax Rate Area \_\_\_\_\_

Total Acres \_\_\_\_\_ No. of lots \_\_\_\_\_

Planning Group \_\_\_\_\_

Community Plan \_\_\_\_\_

Supervisor District \_\_\_\_\_

Within: Rural Village Boundaries? YES ☐ NO ☐ Village Boundaries? YES ☐ NO ☐ Special Study Area? YES ☐ NO ☐

Project is within a Specific Plan? ☐ ☐ If yes, name of Specific Plan \_\_\_\_\_

Project is subject to the County Groundwater Ordinance? YES ☐ NO ☐ FP-2 YES ☐ NO ☐

Project is within 1/2 mile of a Regional Park? YES ☐ NO ☐

Project is within 1 mile of a Highway? ☐ ☐

Project is within 1 mile of a City? ☐ ☐

If yes, name of City \_\_\_\_\_

Project is proposed for Septic? ☐ ☐

Project is proposed for Sewer? ☐ ☐

Project is a Violation Case? ☐ ☐

Military Installation Notice is required? ☐ ☐

Project is within 150' of the International Border? ☐ ☐

**If yes, please notify local Office of Immigration and Naturalization. See Board of Supervisor's Policy I-111.**

If the subject parcel was created through a PM or B/C, have you verified that all Covenants of Improvement have been satisfied? YES ☐ NO ☐ **IF NO, DO NOT ACCEPT THE APPLICATION.**

Is there a different owner of mineral rights than the owner of real property? YES ☐ NO ☐

If yes, identify name and address: \_\_\_\_\_

### FOR PLANNER ASSIGNMENT - PLEASE CALL (858) 694-3292

Technician Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Technician's comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_